

Describe the activity that will result in U.S. income (i.e. professor of physics, consulting, teaching assistant, food service worker, scholarship, contest prize, etc.) _____

Name of department providing the income: _____ Amount: _____*

Payment Type: Wages Scholarship Honorarium Other _____

* For Wages the amount should be the estimated annual income (Calendar Year).

TAX EXEMPTIONS INFORMATION

Is your spouse in the U.S.? Yes No Is your spouse employed? Yes No

Do you want to claim an exemption for your spouse if legally allowed to do so? Yes No

Do you have other dependents in the U.S. you would like to claim exemptions for?
 Yes No If so, how many? _____

RESIDENCY VERIFICATION

What country did you live in before this visit to the U.S.? _____

Did you pay taxes as a resident of that country? Yes No

Did your tax residency in that country end prior to this visit to the U.S.? Yes No If yes, when? ____/____/____
month/ day/ year

U.S. IMMIGRATION HISTORY

(If the answer to either of the questions below is yes, please complete U.S. Immigration History, Part 2.)

Have you ever had another immigration status in the United States? Yes No

Have you ever been present in the United States before this visit? Yes No

U.S. IMMIGRATION HISTORY, Part 2

Please list any **F, J, M, or Q** visa immigration activity since January 1, 1985 and all other visa immigration activity only for the past three calendar years.

| Date of US Entry month/day/year | Date of US Exit month/day/year | Visa/Immigration Status | J-1 Subtype | Primary Activity | Have you Taken Any Treaty Benefits? |
|------------------------------------|-----------------------------------|-------------------------|-------------|------------------|--|
| ___/___/___ | ___/___/___ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ___/___/___ | ___/___/___ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ___/___/___ | ___/___/___ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ___/___/___ | ___/___/___ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ___/___/___ | ___/___/___ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ___/___/___ | ___/___/___ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I hereby certify that all of the above information is true and correct. I understand that if my status changes from that which I have indicated on the form I must submit a new Foreign Visitor Information Form.

Signature: _____ Date: _____

Consent and Authorization to Release Information

I, _____ (name) hereby authorize the North Carolina entity listed to release information contained on the Foreign Visitor Information Form to Windstar Technologies, Inc., P.O. Box 800, 1504 Providence Hwy, Norwood, MA 02062-0800 for the following purpose: technical software support for THE INTERNATIONAL TAX NAVIGATOR SYSTEM.

Signature: _____ Date _____